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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/585,247
	Filing Date	July 5, 2006
	First Named Inventor	Shinichi WADA
	Art Unit	N/A
	Examiner Name	N/A
	Attorney Docket Number	L5085.07108

I hereby revoke all previous powers of attorney given in the above-identified application:☐ A Power of Attorney is submitted herewith.

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Shinichi Wada</i>		
Name	Shinichi WADA		
Date	<i>Dec. 20, 2007</i>	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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